

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

VERIFICATION OF ATHLETE AGENT REGISTRATION

APPLICANT: Complete top portion of this form and forward to Registration Agency. Proper completion of this form (**Form#2669**) is required for processing of the application. Any alteration made to the form will void the form. Failure to submit proper documentation will delay processing of your credential application. Form letters from other jurisdictions are acceptable. A fee may be required from the Registration Agency.

Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (street, city, state, zip) <input type="text"/>			
Original State of Licensure:	<input type="text"/>	Credential #:	<input type="text"/>
	<input type="text"/>	Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>

REGISTRATION AGENCY: Complete Section below and return directly to DSPS: You may fax/email to: (608) 261-7083 or DSPSCREDSecurity@wisconsin.gov.

The above named individual was registered as an Athlete Agent. ☐ Yes ☐ No

License #: Date Granted: / / Expiration Date: / /

Has the applicant been continuously licensed? ☐ Yes ☐ No (If no, please explain.)

Is there any disciplinary action pending or was any formal disciplinary action ever taken against the above named individual?
☐ Yes ☐ No If yes, please attach additional sheet with details.

Form completed by: **Date:** / /

Title **State**